

duced by giving fractional doses of DPT, this has not been shown in all studies. As well, there are no data showing that children who have received fractional doses are adequately protected against pertussis. Consequently most authorities still recommend that fractional doses not be used.^{2,6,7}

- All adsorbed products should be administered intramuscularly, not subcutaneously. Choosing a long enough needle, using separate needles for withdrawing vaccine from the vial and injecting it, and expelling all of the vaccine from the needle by leaving a tiny bubble of air in the syringe have been suggested as measures to ensure that there is no deposition of adsorbed products in the subcutaneous space.

The Alberta immunization program has proved to be very effective, and our immunization levels are second to none. Continued success of the program, however, requires the dedication of a highly trained group of public health workers, the cooperation and constructive criticism of concerned physicians like Dr. Leung, and motivated and well educated parents.

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The goal of Calgary Health Ser-

vices, to improve immunization of children, is laudable. For maximum benefit a delivery system that matches the one proved effective in the rest of Alberta is likely best. In effecting the transition health officials have antagonized Dr. Leung and other physicians. This is regrettable, particularly if related publicity adversely affects acceptance of the system by the public. In Vancouver, public health officials smoothed a similar transition recently by simple barter: to get a new supply of free vaccine from the local clinic, physicians had to provide the names of children given the previous supply. Doctors got vaccine, clinics got records, and both groups were happy. Eventually the extra paperwork was just sufficient to deter most physicians from dispensing vaccine, except when parents made a special request. Perhaps a similar compromise would ease the transition in Calgary.

Dr. Leung is certainly correct in observing that the success of an immunization program depends on the cooperation of physicians, public health authorities and parents. As efforts are made to change the results from good to excellent, compromises may be required from all three participants. In some provinces this means further development of public programs, with less direct participation by physicians. In other provinces compulsory immunization must be accepted by parents. However, as we adults adapt to new priorities, our children will be the winners.

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An experiment in patient-physician communication

We wish to bring to the attention of our colleagues information concerning an important and unique experiment in patient-doctor communication held in Guelph, Ont., June 6, 1984.

The exercise, called "Dialogue with Doctors", was an open public forum in which a panel of eight doctors and an audience of about 100 local people participated in a question-and-answer exchange for about 2½ hours. The dialogue was jointly sponsored by the health committee of the Guelph Rotary Club and the Wellington County Medical Society and was based on an idea that originated with the Georgia Academy of Physicians in the United States.

The dialogue is founded on the notion that there are broad community concerns that cannot be dealt with in the doctor's office because of both the nature of the clinical encounter and the authoritarian presence of the physician in that situation. By creating an atmosphere of equality between the physician and patient a new type of communication can be explored. As far as we know this type of activity has never before taken place in this country.

The event was advertised in the local newspaper and on cable television and radio stations about 1 week before. Posters were also circulated in the community. A local hall was rented, and the meeting took place between 7:30 and 10 pm. A well known local lawyer and former president of the local Rotary Club acted as moderator. Both written and verbal questions were accepted from the floor. Each panelist and the moderator were seated before microphones, and there were three microphones for the audience. The proceedings were expertly videotaped by a local physician. Light refreshments were served. Admission was free.

The panelists consisted of a general surgeon, an internist, two family practitioners, a pediatrician, a psychiatrist, an obstetrician/gynecologist and the local medical officer of health. The members of the audience seemed to represent a broad cross-section of the community, and of the initial group of 103 people there were 95 remaining at 10 pm. The interest of the audience was intense, and we considered the questions to be well thought out and interesting. By the end of the evening 30 questions had been dealt with and 10 written questions remained